

ask



SHIP

**Q: I have a bad hip and have trouble getting around. Will Medicare pay for a power wheelchair like I often see on television?**

A: It might, IF your doctor provides the proper documentation stating your need, and your need meets certain qualifications.

Power wheelchairs and Power Operated Vehicles (POVs) are also called PMDs (Power Mobility Devices). They are covered under the Medicare Part B benefit. The Centers for Medicare & Medicaid Services (CMS) defines a PMD as a Durable Medical Equipment (DME) item.

A PMD **cannot** be delivered based on a verbal order. The first thing you will need to do is have a face-to-face examination with your physician. Documentation of this exam must be submitted to the power wheelchair supplier within 45 days of the exam.

The face-to-face examination should be tailored to the

individual patient. The medical history should contain a well-documented description of your functional abilities and limitations on a typical day. It should contain as much objective data as possible. The physical examination should be focused on the body systems that are responsible for your ambulatory difficulty or impact your ambulatory ability.

The face-to-face exam documentation needs to include the following:

- History of your present condition and relevant past medical history
- Physical examination relevant to your mobility needs,
- A neurological examination, including gait and balance coordination.

In order to qualify for coverage, the more information you can provide, the better. For example, if you have had one or more falls, your doctor should record the date and circumstances of the fall. It is even more beneficial if these

falls are reported and recorded when they happen rather than just telling your doctor during the exam.

Some wheelchair suppliers have created forms they send to the physicians asking them to complete. These forms are NOT approved by CMS. This form is not a substitute for what needs to be provided in your medical records.

If your request is denied, carefully read the paperwork mailed to you called a Medicare Redetermination Notice. This form will explain why your request was denied. A request for reconsideration may be made on a standard CMS form. This form will also be mailed to you or it can be found on the CMS website, [www.cms.gov](http://www.cms.gov).

If you would like more information about Medicare coverage for PMDs or have any other Medicare related questions, please call SHIP at 1-800-452-4800.

SHIP is a free, unbiased counseling program provided by the Indiana State Department of Insurance. To schedule an appointment with SHIP, call 1-800-452-4800, TTY 1-866-846-0139 or visit [www.Medicare.IN.gov](http://www.Medicare.IN.gov) to find your local site.